

**State:** Arkansas **Filing Company:** Nationwide Life and Annuity Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** NWLA-473-AO, Insurance Schedule for Corporate Master Application  
**Project Name/Number:** NWLA-473-AO, Insurance Schedule for Corporate Master Application/NWLA-473-AO, Insurance Schedule for Corporate Master Application

## Filing at a Glance

Company: Nationwide Life and Annuity Insurance Company  
 Product Name: NWLA-473-AO, Insurance Schedule for Corporate Master Application  
 State: Arkansas  
 TOI: L08 Life - Other  
 Sub-TOI: L08.000 Life - Other  
 Filing Type: Form  
 Date Submitted: 11/30/2012  
 SERFF Tr Num: NWPA-128780181  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: NWLA-473-AO, INSURANCE SCHEDULE FOR CORPORATE MASTER APPLICATION  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Amy Burchette, Sandra Davies, Dan Gallion, Cindy Malloy, Clara Pollard, Carrie Ruhlen, Georgia Sollars, Darcy L. Spangler, Drema Wallace, Leslie Hernandez, Darcy Spangler  
 Reviewer(s): Linda Bird (primary)  
 Disposition Date: 12/04/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:  
 State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** NWLA-473-AO, Insurance Schedule for Corporate Master Application  
**Project Name/Number:** NWLA-473-AO, Insurance Schedule for Corporate Master Application/NWLA-473-AO, Insurance Schedule for Corporate Master Application

## General Information

Project Name: NWLA-473-AO, Insurance Schedule for Corporate Master Application	Status of Filing in Domicile: Pending
Project Number: NWLA-473-AO, Insurance Schedule for Corporate Master Application	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 12/04/2012
	State Status Changed: 12/04/2012
Deemer Date:	Created By: Carrie Ruhlen
Submitted By: Carrie Ruhlen	Corresponding Filing Tracking Number: NWLA-473-AO, Insurance Schedule for Corporate Master Application

### Filing Description:

Re: Form NWLA-473-AO, Insurance Schedule for Corporate Master Application  
NAIC #92657

Enclosed for filing, subject to your approval, is form NWLA-473-AO, Insurance Schedule for Corporate Master Application. This is a new form and will not replace any existing form. This Insurance Schedule will be used in conjunction with the following policy forms:

NWLA-453-M2, Individual Flexible Premium Adjustable Fixed and Indexed-Linked Universal Life Insurance Policy, approved on 02-14-2012, SERFF Tracking # NWPA-127298230, State Tracking #49661.

NWLA-440-M2, Individual Flexible Premium Adjustable Variable Universal Life Insurance Policy (when issued as unisex), approved on 04-08-2008, SERFF Tracking # NWPA-125558492, State Tracking #38535.

This form is an exhibit that details the census of the case profile, where the listing of each Insured's name, risk class, Specified Amount and other pertinent data is included. This information is used to help summarize the relevant insurance amounts on each Insured.

Form NWLA-473-AO is exempt from Flesch scoring.

Thank you in advance for your prompt attention to this filing. Please feel free to call me at 1-800-882-2822 (ext. 98042) if you have any questions.

### Enclosures:

1. Certification
2. NWLA-473-AO, Insurance Schedule for Corporate Master Application
3. Statement of Variability

## Company and Contact

### Filing Contact Information

Carrie Ruhlen, Compliance Specialist      ruhlenc@nationwide.com

**SERFF Tracking #:** NWPA-128780181    **State Tracking #:**

**Company Tracking #:** NWLA-473-AO, INSURANCE  
SCHEDULE FOR CORP...

**State:** Arkansas                      **Filing Company:** Nationwide Life and Annuity Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** NWLA-473-AO, Insurance Schedule for Corporate Master Application  
**Project Name/Number:** NWLA-473-AO, Insurance Schedule for Corporate Master Application/NWLA-473-AO, Insurance Schedule for Corporate Master Application

One Nationwide Plaza                      614-249-8042 [Phone]  
1-33-102                                      614-249-1199 [FAX]  
Columbus, OH 43215

### Filing Company Information

Nationwide Life and Annuity                      CoCode: 92657                      State of Domicile: Ohio  
Insurance Company                                  Group Code: 140                      Company Type:  
One Nationwide Plaza                              Group Name:                      State ID Number:  
1-10-03                                      FEIN Number: 31-1000740  
Columbus, OH 43215  
(800) 882-2822 ext. [Phone]

### Filing Fees

Fee Required?                      Yes  
Fee Amount:                                  \$50.00  
Retaliatory?                                  Yes  
Fee Explanation:                      \$50.00 per form.  
Per Company:                                  No

Company	Amount	Date Processed	Transaction #
Nationwide Life and Annuity Insurance Company	\$50.00	11/30/2012	65321196

<b>SERFF Tracking #:</b>	NWPA-128780181	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	NWLA-473-AO, INSURANCE SCHEDULE FOR CORP...
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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Nationwide Life and Annuity Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	NWLA-473-AO, Insurance Schedule for Corporate Master Application		
<b>Project Name/Number:</b>	NWLA-473-AO, Insurance Schedule for Corporate Master Application/NWLA-473-AO, Insurance Schedule for Corporate Master Application		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/04/2012	12/04/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Nationwide Life and Annuity Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	NWLA-473-AO, Insurance Schedule for Corporate Master Application		
<b>Project Name/Number:</b>	NWLA-473-AO, Insurance Schedule for Corporate Master Application/NWLA-473-AO, Insurance Schedule for Corporate Master Application		

## Disposition

Disposition Date: 12/04/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Insurance Schedule for Corporate Master Application		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Nationwide Life and Annuity Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	NWLA-473-AO, Insurance Schedule for Corporate Master Application		
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## Form Schedule

Lead Form Number: NWLA-473-AO								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Insurance Schedule for Corporate Master Application	NWLA-473-AO	OTH	Initial		0.000	NWLA-473-AO JD.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



# INSURANCE SCHEDULE FOR CORPORATE MASTER APPLICATION

Nationwide Life and Annuity Insurance Company • [Nationwide Business Solutions Group, 1-11-401

• One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808]

## Section 1 CORPORATION INFORMATION

Corporation Name: Any Corporation

Insurance Schedule for: \_\_\_\_\_, Owner

## Section 2 INSURED INFORMATION

No.	Insured Last Name	Insured First Name	Social Security No.	Date Of Birth	Age as of (Date) MM/DD/YYYY	Sex M/F	Smoking Status (N/S)	Planned Annual Premium	Other Premium Paid at Issue	Specified Amount	Death Benefit Option (1/2/3)
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The following shall constitute a separate application and shall become a part of each policy or certificate issued on the above individuals:

- 1) This Insurance Schedule
- 2) Master Application
- 3) Consent to Insurance Forms

Policy or Certificate Date: \_\_\_\_\_

The **Policy or Certificate Owner certifies** that the above information is complete and true to the best of its knowledge and belief.

The **Employer certifies** that, as of the Policy Date and the date Nationwide receives the initial premium, all of the above individuals were actively at work full time at least 30 hours or more per week, at their usual place of employment and have not missed a total of four or more days due to illness or injury or been hospitalized in the past 90 days.

**Section 2      INSURED INFORMATION (cont'd)**

Authorized Trustee, Vice President

Signature of **Owner (Authorized Officer/Trustee)**

Authorized Trustee

Printed Name and Title of the **Owner's Authorized Officer/Trustee**

Any City   Any State

Signed at City/State

January 3, 2002

Date

Authorized Officer, Vice President

Signature of **Employer (Authorized Officer)** (if other than the Owner)

Authorized Officer

Printed Name and Title of the **Employer's Authorized Officer**

Any City   Any State

Signed at City/State

January 3, 2002

Date

In accordance with the policy provisions, the Policy Date is the effective date for all coverage. The above individuals must satisfy the Actively-at-Work criteria as of the Policy Date and the date Nationwide receives the initial premium. In the event a policy or certificate is issued on any individual who does not meet this requirement, the policy or certificate will be treated as if it were never issued. Under these circumstances, Nationwide's liability will be limited to a refund of the amount specified by the laws of the state in which the contract was issued.



<b>SERFF Tracking #:</b>	NWPA-128780181	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
			NWLA-473-AO, INSURANCE SCHEDULE FOR CORP...

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Nationwide Life and Annuity Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	NWLA-473-AO, Insurance Schedule for Corporate Master Application		
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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Certification - NWLA.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	<p>This form will be used in conjunction with the following application forms:</p> <p>COLI-3000-E-US5, Corporate Master Application, approved 10-04-2011; SERFF #NWPA-127635990, State Tracking #49890</p> <p>COLI-3001-F-US4, Corporate Enrollment Form for Consent to Insurance, approved 12-06-2011; SERFF #NWPA-127835054, State Tracking #50362</p> <p>COLI-3003-G-US3, Individual/Group Application for Life Insurance, approved 10-04-2011; SERFF #NWPA-127635990, State Tracking #49890</p>		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability AO.pdf			



ARKANSAS

Certificate of Compliance

Insurer: Nationwide Life and Annuity Insurance Company

Form Numbers: NWLA-473-AO, Insurance Schedule for Corporate Master Application

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 19 and 49 of the Arkansas Statute, ACA 23-80-206, ACA 23-79-138, and Bulletin 11-88.

A handwritten signature in black ink, reading "James J. Rabenstine".

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James J. Rabenstine  
Vice President  
NF Compliance  
Date: 11-30-2012

**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY  
STATEMENT OF VARIABILITY**

**NWLA-473-AO, Insurance Schedule for Corporate Master Application**

Bracketed items in the above captioned form indicate variability as follows:

**NWLA-473-AO**

Nationwide's Business Group Name, Address, Phone Number and Fax Number	Nationwide's Business Group Name, address, fax and/or telephone information is bracketed throughout each form in case they change in the future.
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